Under the Paperwork Reduction Act of 1995,

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/562,535			ing Date 28/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	,	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1 16(a), (b),	or (cl)	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), a		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1 16(o), (p),	E	N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x s =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		٠		X \$ =			X \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$: add	ets of pap 250 (\$125 tional 50	ngs exceed 100 on size fee due) for each on thereof. See ' CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY	
AMENDMENT	11/21/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	- 9	Minus	20	= 0]	x s =		OR	X \$60=	0
	Independent (37.CFR 1.16(h))	• 3	Minus	3	= 0]	x s =		OR	X \$250=	Ō
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())		Minus		-	1	X \$ =		OR	X \$ =	
	Independent (37 OFR 1 16(h))		Minus	***	-]	X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))]			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))					1			OR		
Г							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, water o'in column 3. Legal Instrument Examiner: "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". KIM DOWNING/ The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".											

This collection of Information is equient by 37 CFR 1.16. The Information is required to obtain or retain a bornet by the public which is it to file (and by the USETO to process) an application. Condificionality is governed by 30 LSR 1.16. This collection is estimated to these 12 minutes to complete probability in generating and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the CHI information Office. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.